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Sheet	1	of	1
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Application Number	UNKNOWN
Filing Date	FILED HEREWITH
First Named Inventor	FRANCO CASTELLINI
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	BUGZ 200216

[illegible]

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
/KCJ/		DE 30 28 550	2/25/1982	Ciszewski		
/KCJ/		EP 0111249	6/20/1984	Weissner, et al		
/KCJ/		DE 36 11 329	10/8/1987	Katai, et al		
/KCJ/		EP 0 317 521	12/11/1996	Castellini		

Examiner Signature	/Kevin Joyner/	Date Considered	06/01/2007
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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S)	Complete if Known	
	Application Number	10/809,094
	Filing Date	March 25, 2004
	First Named Inventor	Franco Castellini
	Art Unit	3732
Examiner Name	Unknown	
Sheet 1 of 1	Attorney Docket No.	BUGZ 200216

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
	AA	US-	6/1/07	
	AB	US-		
	AC	US-		
	AD	US-		
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No.	Foreign Patent Document Country Code-Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	T
/KCJ/	AM	EP 1 161 959 A1	12/12/2001	Castellini	<input type="checkbox"/>
/KCJ/	AN	EP 1 195 145 A1	04/10/2002	Castellini	<input type="checkbox"/>
	AO				<input type="checkbox"/>
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OTHER - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
/KCJ/	AQ	European Search Report dated 8 June 2005 corresponding to European Application Number EP 04 42 5212	<input type="checkbox"/>
	AR		<input type="checkbox"/>
	AS		<input type="checkbox"/>
	AT		<input type="checkbox"/>
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